

Walk for RECOVERY

You are invited to help Celebrate and Support Recovery

In the month of *SEPTEMBER*, please join us on the Fridays you are available as we walk for recovery! September the Substance Abuse and Mental Health Services Administration (SAMHSA) nationally recognizes and celebrates the gains made by those in recovery; those working in the field of substance abuse; and those whose lives have been affected by the disease of addiction.

This September the Cumberland County Department of Human Services Division of Mental Health Addiction Services is promoting the message that recovery in all of its forms is possible; and through this initiative, we are encouraging community members to take action by raising awareness that will help expand and improve the availability of prevention, treatment and recovery services.

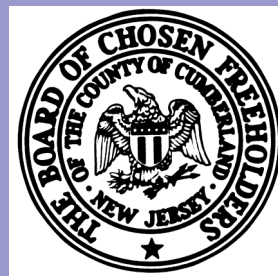


Date: September 2,9,16,23,30
(every Friday during September 2016)

Time: 11:00 a.m –2:00 p.m
(anytime in between you pick the time)

Location: Bridgeton City Park
(Walk begins at the Veteran's Park located in the Bridgeton City Park)

Address: 45 Mayor Aitken Drive
Bridgeton, NJ 08302



**JOIN THE VOICES
FOR RECOVERY:**
OUR FAMILIES,
OUR STORIES,
OUR RECOVERY!



*National
Recovery Month*
Prevention Works • Treatment is Effective • People Recover
SEPTEMBER 2016

**ORGANIZE A TEAM
OR
WALK ALONE**

Date(s) I am Walking

Name _____

Address _____

Phone _____

Email _____

Mail, fax, or email entry

Janine Fabrizio
Department Human Services
70 W. Broad Street
Bridgeton, NJ 08302
janinefa@co.cumberland.nj.us
Phone: 856-391-1638
Fax: 856-455-5756

Walk for RECOVERY

Vendor Form

Agency: _____
Address: _____
Contact Person : _____
Title: _____
Phone: _____ Email: _____
Description of Agency: _____

Recovery Walk Location: City of Bridgeton Park (Vendors please display your information in the Veterans Park located in the Bridgeton City Park)

Address: 45 Mayor Aitken Drive, Bridgeton, NJ 08302

Time: 11:00a.m. – 2:00 p.m.

***Please check your availability for the event:**

_____ Yes, I can participate.

Please circle dates available to attend: September 2, 9, 16, 23, 30, 2016

_____ No, I am unable to at this time.

***Place an X below acknowledging you will need to bring your own table and chair.**

_____ Yes, I am aware I will need to provide my own table and chair

Please return this form or if you have questions contact:

Attn: Janine Fabrizio

FAX: 856-455-5756

Email: janinefa@co.cumberland.nj.us

